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CONFIRMATION NO. 5153

<b>SERIAL NUMBER</b> 10/758,285	<b>FILING OR 371(c) DATE</b> 01/16/2004 <b>RULE</b>	<b>CLASS</b> 351	<b>GROUP ART UNIT</b> 2873	<b>ATTORNEY DOCKET NO.</b> 059277-0120
<b>APPLICANTS</b> Toshifumi Mihashi, Tokyo, JAPAN; Yoko Hirohara, Tokyo, JAPAN; Teruhito Kuroda, Osaka, JAPAN; Naoyuki Maeda, Osaka, JAPAN; Takashi Fujikado, Osaka, JAPAN;				
<b>** CONTINUING DATA *****</b> None (M.H)				
<b>** FOREIGN APPLICATIONS *****</b> yes (M.H) JAPAN 2003-012819 01/21/2003 JAPAN 2003-117730 04/23/2003 JAPAN 2003-120967 04/25/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/24/2004</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>M.H</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 24
		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 22428				
<b>TITLE</b> Ophthalmologic apparatus				
<b>FILING FEE RECEIVED</b> 972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	